



Department of Health and Human Services
Licensing and Regulatory Services
41 Anthony Avenue
11 State House Station
Augusta, Maine 04333-0011
Tel. (207) 287-9300; Fax (207) 287-9307
Toll Free (800) 791-4080; TTY (800) 606-0215

Department of Health and Human Services

Community Services Program Child Care Licensing Unit

Waiver Request Form

The Commissioner or his/her designee may upon written request waive or modify any rule which is not mandated by Maine Statute if the applicant provides clear and convincing evidence which demonstrates that the applicant's alternative method will comply with the intent of the rule for which a waiver is requested.

-
- The waiver request must be adequate to protect the health and safety of children and families.
 - The waiver request must not contradict other applicable rules.
 - The waiver will be granted only for the duration of the Licensing/Certification period.
 - The waiver is non-transferable to either another agency or to another geographic location.
-

Identify the rule(s) for which a waiver is being requested:

Describe your understanding of the rule(s) and intent:

Describe your alternative method for compliance: (Be specific, describe how this method will satisfy the intent of the rule. Attach any necessary or required supportive information.)

Licensee or Agency: _____ Program Name: _____

Address(es): _____

Director's Name (Please print): _____

Director's Signature: _____ Date: _____